PTO/SB/22 (07-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	AGT.10006NP
Application Number 10/042,644	Filed January 8, 2002
For Methods for Treating Autoimmune Diseases Vitro Diagnostic Assays	
Art Unit 1646	Examiner Gyan Chandra
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
<u>Fee</u> ☐ One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee \$60 \$ 120.00
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Two months (37 CFR 1.17(a)(2)) \$450	\$225
Three months (37 CFR 1.17(a)(3)) \$1020	\$510 \$
Four months (37 CFR 1.17(a)(4)) \$1590	<b>\$</b> 795 <b>\$</b>
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080 \$
Applicant claims small entity status. See 37 CFR 1.2700 09/21/2006 EAYALEN 00000024 503218 10042644	
A check in the amount of the fee is enclosed. 01 FC:1251	
Payment by credit card. Form PTO-2038 is attached.	
The Director has already been authorized to charge fees in this application to a Deposit Account.	
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to	
Deposit Account Number 30-9210 Thave enclosed a duplicate copy of this sheet.	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the applicant/inventor.	
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
attorney or agent of record. Registration Number 43,603	
attorney or agent under 37 CFR 1.34.  /Registration number if acting under 37 CFR 1.34	
Carlos 1 Silvith	September 18, 2006
Signature	Date
Joshua T. Elliott	+1.919.829.9600
Typed or printed name	Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
Total of forms are submitted.	
I hereby certify that this correspondence is being facsimile transmitted to the United State with the United States Postal Service with sufficient postage as first class mail in an enterpatents, P.O. Box 1450, Alexandria, VA 22313-1450, on On Description	es Patent and Trademark Office or deposited to nvelope addressed to the Commissioner for Any ficer,
<u>Jennie Snead</u> (Typed Name of Person Signing Certificate)	
(Signature of Person Signing Certificate)	_
Date of Signing: 09 18 3006	